



Somersworth Housing Authority



Central Office: 25 Bartlett Ave Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113

PERSONAL DECLARATION

HOUSEHOLD COMPOSITION

Legal Name	Date of Birth	Age	Relationship to Head
Head of Household			
1)			
Other Household Member			
2)			
Other Household Member			
3)			
Other Household Member			
4)			
Other Household Member			
5)			
Other Household Member			
6)			

STUDENT STATUS QUESTION:

Does your household contain at least one occupant who is not a student, has not been a student, and will not be a student for any part of five or more months during the current and/or upcoming calendar year (months do not need to be consecutive).

☐ Yes ☐ No (if No, further information will be requested).

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Other Household Member Signature

Date

[illegible]



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CHILD SUPPORT: COMPLETE ONE SECTION FOR EACH CHILD IN YOUR HOUSEHOLD

Are there children under 18 in your household? Yes ☐ - If Yes, complete below sections
No ☐ - If No, Skip Section

Child #1: NAME: _____

1) Are you Receiving Child Support for this child? ☐ YES ☐ NO

If Yes, Is the support paid directly to you? ☐ YES ☐ NO

If Yes, Is the support paid to you from a state agency? ☐ YES ☐ NO

Which State: _____

2) What amount are you receiving \$ _____ per _____

*Note, this can be in payments to you OR in non-monetary contributions, if the absentee parent is providing items such as diapers, food, school supplies, etc. please list the approximate monetary value of the items received per month (this counts as income).

3) Is there a court order? ☐ YES ☐ NO

If No Order, please explain why: _____

If Yes: What amount is written on the court order: \$ _____ per _____

If you are not receiving the amount written on the court, what steps have you taken to collect the monies due to you: _____

Child #2: NAME: _____

1) Are you Receiving Child Support for this child? ☐ YES ☐ NO

If Yes, Is the support paid directly to you? ☐ YES ☐ NO

If Yes, Is the support paid to you from a state agency? ☐ YES ☐ NO

Which State: _____

2) What amount are you receiving \$ _____ per _____

*Note, this can be in payments to you OR in non-monetary contributions, if the absentee parent is providing items such as diapers, food, school supplies, etc. please list the approximate monetary value of the items received per month (this counts as income).

3) Is there a court order? ☐ YES ☐ NO

If No Order, please explain why: _____

If Yes: What amount is written on the court order: \$ _____ per _____

If you are not receiving the amount written on the court, what steps have you taken to collect the monies due to you: _____



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Child #3: NAME: _____

1) Are you Receiving Child Support for this child? ☐ YES ☐ NO

If Yes, Is the support paid directly to you? ☐ YES ☐ NO

If Yes, Is the support paid to you from a state agency? ☐ YES ☐ NO

Which State: _____

2) What amount are you receiving \$_____ per _____

*Note, this can be in payments to you OR in non-monetary contributions, if the absentee parent is providing items such as diapers, food, school supplies, etc. please list the approximate monetary value of the items received per month (this counts as income).

3) Is there a court order? ☐ YES ☐ NO

If No Order, please explain why: _____

If Yes: What amount is written on the court order: \$_____ per _____

If you are not receiving the amount written on the court, what steps have you taken to collect the monies due to you: _____

Child #4: NAME: _____

1) Are you Receiving Child Support for this child? ☐ YES ☐ NO

If Yes, Is the support paid directly to you? ☐ YES ☐ NO

If Yes, Is the support paid to you from a state agency? ☐ YES ☐ NO

Which State: _____

2) What amount are you receiving \$_____ per _____

*Note, this can be in payments to you OR in non-monetary contributions, if the absentee parent is providing items such as diapers, food, school supplies, etc. please list the approximate monetary value of the items received per month (this counts as income).

3) Is there a court order? ☐ YES ☐ NO

If No Order, please explain why: _____

If Yes: What amount is written on the court order: \$_____ per _____

If you are not receiving the amount written on the court, what steps have you taken to collect the monies due to you: _____



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CHILD CARE EXPENSES:

Child Care Expenses Applicable for Family households for children ages 13 and below

Please Note: Child Care Expense Verification needs to be completed by provider or person(s) to verify payments.

Child Attending	Child Age	Child Care Provider Name, Address & Phone Number	Amount Paid by you per week
			\$
			\$
			\$
			\$

MEDICAL EXPENSES:

Medical Expenses Applicable for eligible elderly/disabled households

Please Note:

- Verification of paid medical expenses need to be submitted
- Over-The-Counter expenses you must submit a doctor's note stating all medications.
- One-year print is needed for any pharmacy/prescription expenses listed.

Type of Expense	Company Name & Address where expense if paid	Amount Paid	Frequency of Payment	Whose Expense is this?
		\$		
		\$		
		\$		
		\$		



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PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

- 1) Do you anticipate any changes in the household composition over the next 12 months? ☐ YES ☐ NO
If YES, please explain: _____
- 2) Have you disposed of any assets within the past two years? ☐ YES ☐ NO
If yes, state value and date disposed of: \$ _____ Date _____
- 3) Have you obtained any assets within the past two years? ☐ YES ☐ NO
If yes, state value and date obtained: \$ _____ Date _____
- 4) Do anyone outside your household pay your bills or give you money ☐ YES ☐ NO
If YES, please explain: _____
- 5) Do receive any regular contributions (3 or more per year), monetary or not? ☐ YES ☐ NO
If YES, please explain: _____
- 6) Have you, or any adult member, ever been convicted of a drug related crime or violent crime? ☐ YES ☐ NO
If YES, please explain: _____
- 7) Are you, or any adult member, subject to a lifetime state sex offender Registration program, in any state? ☐ YES ☐ NO
If YES, who: _____

CONTACT INFORMATION

Head of Household Phone Number: _____ ☐ CELL ☐ HOME

Other Adult Household Phone Number: _____ ☐ CELL ☐ HOME

Head of Household Email: _____

Other Adult Household Email: _____

Contact Person Phone Number: _____

*A person outside your household, we can contact if we are unable to reach you



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HOUSEHOLD CERTIFICATION:

Please note that the information you have provided is subject to verification through computer matching with other federal agencies through HUD's Enterprise Income Verification (EIV) process. This will verify the accuracy of tenant reported income, including but not limited to wages, unemployment and Social Security income. After verifications are completed, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058/HUD-50059 (Tenant Data Summary), a computer-generated form.

I also understand that ALL CHANGES in income from any family member in my household is required be reported to Somersworth Housing Authority within 14 calendar days.

FRAUD is Withholding information from the Agency OR providing false information to this Agency.

FRAUD PENALTIES

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 and imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction or termination of subsidy proceedings, and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent- retroactively, if applicable.

By Signing below, I confirm:

1. That I have read the penalties for submitting fraudulent information above.
2. That I understand what fraud is.
3. That I understand the penalties for committing fraud
4. I do hereby swear and attest that all the information I completed on this form is true and correct. I understand that a misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation and may be grounds for termination of assistance.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Other Household Member Signature

Date

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Applicant/Resident Release and Consent Form

I (we), the undersigned, understand that in order to be considered eligible for housing assistance, the Somersworth Housing Authority will process an initial application and routine re-certifications (for residents) in which I (we) have provided all of the information that the U.S. Department of Housing and Urban Development (HUD) requires in determining both initial and, if a resident, ongoing housing assistance eligibility.

I (we) understand that the Somersworth Housing Authority may seek authorized information from the following, but not limited to, listed entities as they apply to the household (herein defined as the undersigned and any other listed household members) to meet HUD requirements and determine eligibility under HUD regulations/guidelines. Somersworth Housing Authority utilizes **Enterprise Income Verification Systems** and other computer matching programs to verify information relating to applicants and residents

- **Income Verification/Assets Verification**

Employment – Unemployment Benefits – Disability Benefits-Social Security Benefits
Bank Accounts; Investment Accts; Stocks; Bonds; Real Estate
Life Insurance (cash value only)
Child Support/Spousal/Partner Payments (Alimony)

- **Criminal History Record/Police Reports**

I/we authorize the release of my criminal record as well as any law enforcement reports involving myself &/or my residence & guests at my residence including but not limited to criminal arrests & convictions, documented complaints involving alcohol/illegal substance consumption, domestic violence/disputes, noise/nuisance complaints, & other violations of the law.

- **Division of Health and Human Services, local Welfare Agencies**

- **Health care providers/Medical Expenses/Medical Info if requesting Special Accommodations**

- **Landlords/Shelter/Transitional Housing/Public Housing Authority Agencies**

- **Childcare Providers**

- **SAVE – for non-citizen applicants**

By signing this consent form, I (we) certify that ALL the information provided as part of the application process and upon any recertification of housing assistance is true and accurate to the best of my (our) knowledge.

I (we) authorize the Somersworth Housing Authority to obtain all required information from any of the above sources regarding the undersigned or any member of the household.

I (we) understand that the Somersworth Housing Authority will keep all information on all household members in the highest confidence and only divulge this information where required by HUD and by law.

_____/_____
Signature of Head of Household / Print Name

Date

_____/_____
Spouse Signature / Print Name

Date

_____/_____
Other Household Member over 18/ Print name

Date

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Somersworth Housing Authority
25 Bartlett Ave, Suite A, Somersworth, NH 03878

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.